

Clunbury C.E. (A) Primary School and rural nursery



Blue Hills
Federation

Telephone: 01588 660 207 email: admin@clunbury.bhf.shropshire.sch.uk



Application Form for A place at Little Fledglings Nursery

Little Fledglings Nursery is open between 9am - 3pm, term time only, for children aged between 2 and 4. An Early Birds drop off is available from 8.35am at an additional charge of £2.

Our session charges and times are: 9am – 12pm = £13.50 / 12pm – 1pm = £4.50 / 1pm – 3pm = £9.00

We accept 24U funding and the 30hr nursery funding code. Please follow the links below to apply:

24U funding: <https://ems.shropshire.gov.uk/SynergyWeb/Enquiries/Citizen/EarlyYears.aspx>

30hr nursery funding code: <https://www.childcarechoices.gov.uk/30-hours-childcare-support/working-families>

Universal Funding (15 hours of free childcare) is available to every child from the school term following their 3rd birthday. You do not need to apply for the universal funding, just complete the Parent Declaration form and we will apply on your behalf.

Please complete the form below to apply for a place for your child at our nursery:

1. Child's Forename(s): _____ Surname: _____

Name child is known by: _____

2. Date of Birth: _____

3. Sex: Male / Female (delete as appropriate)

4. Home Address: _____ Post code: _____

5. Home telephone number: _____

6. Name of Mother: _____ NI Number: _____ DOB: _____

Home telephone number: _____

Work telephone number: _____

7. Name of Father: _____

NI Number: _____ DOB: _____

Home telephone number: _____

Work telephone number: _____

8. Name and Dates of Birth of other children living at home: _____

9. Name and telephone numbers in case of an emergency (in order of preference):

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

10. I am applying for a place at the Nursery from: _____ on the following days:

Mon – am pm Tues – am pm Wed – am pm Thurs - am pm Fri - am pm

11. Is there anything that Nursery staff should know about your child? Eg: Any special requirements ie. Diet, Fears, Allergies: _____

12. Parent/Carer Name: _____

Signed: _____ Dated: _____

Thank you for applying to Little Fledglings Nursery!